cases were consequent metastases from ganglionic tumors in the neck there could be no doubt, as such a condition was known to have existed. In the intervertebral spinal ganglia there was much inflammation, their capsule was thickened and their inner cellular layer indicated hæmorrhages, the ganglion cells were infiltrated with pigment and were in a marked state of degeneration as well as the accompanying sympathetic nerves. The posterior roots as well as the intercostal nerves were in a condition of degeneration. The motor roots and the substance of the spinal cord proper, were in a normal condition. The peripheral nerves, the ischiatic and vagus, were found degenerated. This condition existed in the new as well as the old case, and could not be laid to cachexia. In the mixed nerves of the skin there was a high degree of degeneration in the sensory fibres. The muscular fibre cells of the heart were in a state of pigmentary atrophy. The principal change in the gastro-intestinal tract was the pigmentary alteration. This might be due to the nearness of the trophic disturbance in the intervertebral ganglia. The disease of the supra-renal capsule while not an inflammation of the sympatheticus might bring about that condition and produce the complex symptoms of Addison's disease. The question was, could the disease of the sympatheticus produce the change in the supra-renal capsule as well as the accompanying symptom. (Medicin. Anzeiger, July 11th.)

B. M.

SENSORY CHANGES AND CONDITIONS OF THE OCULAR APPARATUS FOUND IN EPILEPSY IMBECILITY AND GENERAL PARALYSIS OF THE INSANE.

Chas. A. Oliver, M.D. (Jour. of the American Med. Asso., Sept. 26, '91), says: "In idiopathic epilepsy in the male adult, the chronic retinitis and perivasculitis associated with partial red gray degeneration of the optic nerve, causing decrease of physiological working power, are probably explained in part by the presumption that every convulsive discharge leaves an additional pathological condition, by which such intra-ocular appearances are established as the results of a similar process which has *pari passu* been taking place within the intra-cranial substance, especially the cerebral cortex. In the lower grades of imbecility in the male adult resulting from malformation or disease of a minor degree than that producing idiocy, that has supervened in infancy or occurred before birth, the findings of abnormally healthy eye-grounds, almost identical with those seen during infantile existence, indicate not only an almost absolute perfection of the visible constituents of the observed tissues, which *per se* should be capable of proper activity, but show by reason of mental incapacity, which has supervened in such subjects before the eyes have been brought into continued action as instruments of delicate use; that the conditions known as red gray optic disc; irregular physiological excavation; non-visibility of superior and inferior parts of scleral ring ; absorbing conuses ; increased thickness of retinal fibres; opacities of lymph sheaths; disturbed states of the choroid and errors in astigmatism, with changes in indices of refraction must be considered expressive of low inflammatory action, with stretching and distortion from increased intra and extra-ocular pressure. In general paralysis of the insane in the male, the appearance of the choroid, optic nerve and retina, are not only indicative of pronounced local disturbance and irritation, which represent the results of wear in a delicate and weakened organ, but are expressive of a degenerate condition of the sensory portion of the ocular apparatus, with impairment of sensory nerve action, manifested as one of the many peripheral evidences of approaching degeneration of nerve elements, most probably connected with related cortex disintegration and tissue death.

A. F.

THE DIAGNOSIS OF INTRACRANIAL HÆMORRHAGE AND ACUTE SOFTENING.

Dr. C. L. Dana (British Med. Jour., Sept. 12, '91) analyzes the symptoms in 74 cases, 50 of which were due to hæmorrhage, the remainder being equally divided between embolism and thrombosis. Premising that his paper is based on fatal cases, he states that short, severe attacks of unconsciousness with hemiplegia and also preliminary mild seizures, indicate obstruction. Consciousness is effected less in cortical and meningeal than in central· hæmorrhages, unless the former are extensive; it is most severely affected in ventricular hæmorrhages, and in the latter consciousness is speedily lost ; if convulsions supervene the clot has broken through to the brain surface. Loss of consciousness shortly after the onset indicates probably embolism. Convulsions are due to hæmorrhage or cortical